

TRANSCRIPT REQUEST FORM

To request official transcripts, submit a copy of this form to each college/university/high school you have attended (make copies of this form if needed). Before mailing this form to the college/university/high school, check with each institution to determine whether they require a processing fee.

To _____
(Name of Institution)

Please send one (1) **official** transcript to the following address:

Office of Admissions & Records
Ferris State University
1201 South State Street CSS 201
Big Rapids MI 49307-2020
1-800-433-7747

Name _____
Last Name First Name Middle Initial

(Maiden/Other names if applicable)

Current Address _____

Social Security/Student Number _____

Date of Birth _____ Day Phone Number _____

Dates Attended _____ To _____

Signature _____ Date _____